ISSUE FEE

PART B - FEE(S) TRANSMITTAL

Completand send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE or Fax (571)-273-2885 maintenance fee notifications,

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Shari Lipari

فالملالة

contained IONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)

000027777

01 FC:1501

02 FC:15(14

7590

12/04/2006

PHILIP S. JOHNSON MOSUHOL & MOSUHOL ONE JOHNSON & JOHNSON PLAZA **NEW BRUNSWICK, NJ 08933-7003**

02/21/2007 ADSMAN2 00000044 100750 09852880

<u>1400.00 DA</u>

09/852,880

APPLICATIONATION DA

FILING DATE

FIRST NAMED INVENTOR

Geroge M. Savagle

FEM-0051

ATTORNEY DOCKET NO.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facaimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CONFIRMATION NO. 5169

(Depositor's saunc)

(Sign

05/10/2001 TITLE OF INVENTION: SYSTEM FOR FLUID RETENTION MANAGEMENT

·					***								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	Publication fee due	Prev. Paid ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/05/2007							
EXAMINER		ART UNIT	CLASS-SUBCLASS										
MENDEZ, MANUEL A		3763	600-573000	•		•							
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customar Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
							3. ASSIGNEE NAME	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
							PLEASE NOTE: Up recordation as set for	nless an assignee is ident rth in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the p Ta substitute for filing an	atent. If an assignee is it assignment.	dentified below, the doct	ament has been filed for
(A) NAME OF ASS	ignee .		(B) RESIDENCE: (CITY	and STATE OR COUNT	Kecordar	Date: 3/20/200							
ETHICON	, INC.		Sommerville,	NJ	Reel/Fran	ne: 010731/0317							
Please check the approp	priate assignee category of	categories (will not be p	rinted on the patent) : C	Individual Corporat	ion or other private group	entity Government							
4a. The following fee(s) are submitted:	4	b. Payment of Fee(s): (Plea	use first reapply any pre	viously paid issue fee sh	own =bove)							
issue Fee			A check is enclosed.										
Publication For (No small) entity discount			Payment by credit card. Form PTO-2038 is attached.										
Advance Order -	# of Copies	u	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).										
	tatus (from status indicate ms SMALL ENTITY stat		☐ h Applicant is no lor	iger claiming SMALL EN	TITY status, Sec 37 CFR	1.27(g)(Z).							
NOTE: The Issue Fee a		nired) will not be accepte	ed from anyone other than	the applicant, a registered									
Authorized Signatur	1 111 1	so Rat	6_	Date	2/21/07								
Typed or printed na	me Melissa	J. Szepto	<u> </u>	Registration No	40,834								
This collection of infor an application. Conflide submitting the complet this form and/or sugge Box 1450, Alexandria, Alexandria, Virginia 2	mbolity is governed by 3: and application form to the stions for reducing this by Virginia 22313-1450. De	CFR 1.311. The information U.S.C. 122 and 37 CFR in USPTO. Time will varied a should be sent to the NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi ac Chief Information Offic COMPLETED FORMS T	retain a benefit by the pub- timated to take 12 minute vidual case. Any commen er, U.S. Patent and Trader O THIS ADDRESS. SEN	olic which is to file (and be to complete, including its on the amount of time mark Office, U.S. Depart ID TO: Commissioner for	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,							

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.